

PROJECT 10073 RECORD CARD

1. DATE 17-18 March 59	2. LOCATION 2 MI N of Centerville, Ohio	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input checked="" type="checkbox"/> Was Astronomical Mars <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local _____ GMT 18/0128Z	4. TYPE OF OBSERVATION <input type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian	
7. LENGTH OF OBSERVATION 30 mins	8. NUMBER OF OBJECTS one	9. COURSE West
10. BRIEF SUMMARY OF SIGHTING Bright obj which appeared to move fm side to side. Observed 45° above horizon to the West.		11. COMMENTS Source was contacted & he stated he had talked to a friend who told him he had seen the planet Mars. An astro check shows this to be correct.

ATIC FORM 329 (REV 26 SEP 52)

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

17/18 MARCH 59

Day

Month

Year

2. Time of day:

2028EST

Hour

Minutes

(Circle One):

A.M.

or

P.M.

3. Time zone:

(Circle One):
 a. Eastern
 b. Central
 c. Mountain
 d. Pacific
 e. Other _____

(Circle One):
 a. Daylight Saving
 b. Standard

4. Where were you when you saw the object?

2 miles N. of Centerville
Massachusetts Twin cedar tree State or Country

Nearest Postal Address

City or Town

State or Country

Additional remarks: _____

5. Estimate how long you saw the object.

30 Hours Minutes Seconds

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain
 b. Fairly certain

c. Not very sure
 d. Just a guess

6. What was the condition of the sky?

(Circle One):
 a. Bright daylight
 b. Dull daylight
 c. Bright twilight

d. Just a trace of daylight
 e. No trace of daylight
 f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One):
 a. In front of you
 b. In back of you
 c. To your right

d. To your left
 e. Overhead
 f. Don't remember

8. IF you saw the object at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

- a. Yes
- b. No
- c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

- b. Several blocks away?

- c. A block away?

- d. Several yards away?

- e. Other _____

11. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?

Yes No Don't Know

b. Suddenly speed up and rush away at any time?

Yes No Don't Know

c. Break up into parts or explode?

Yes No Don't Know

d. Give off smoke?

Yes No Don't Know

e. Change brightness?

Yes No Don't Know

f. Change shape?

Yes No Don't Know

g. Flicker, throb, or pulsate?

Yes No Don't Know

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes No Don't Know.
it moved behind: _____

IF you answered YES, then tell what

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes No Don't Know.
it moved in front of: _____

IF you answered YES, then tell what

14. Did the object appear: (Circle One): a. Solid? b. Transparent? c. Don't Know.

15. Did you observe the object through any of the following?

a. Eyeglasses Yes No
b. Sun glasses Yes No
c. Windshield Yes No
d. Window glass Yes No

e. Binoculars Yes No
f. Telescope Yes No
g. Theodolite Yes No
h. Other _____

16. Tell in a few words the following things about the object.

a. Sound _____

b. Color Gray/Black

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

18. The edges of the object were:

(Circle One): a. Fuzzy or blurred
b. Like a bright star
c. Sharply outlined
d. Don't remember

e. Other _____

19. IF there was MORE THAN ONE object, then how many were there?

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

25. Where were you located when you saw the object? (Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

*Brought my dog out to walk
to smoke*

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

30. What direction were you looking when you last saw the object? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

31.1 When it first appeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

31.2 When it disappeared:

- a. From true North _____ degrees.
- b. From horizon _____ degrees.

34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

Day _____ Month _____ Year _____

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes _____ No _____

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes _____ No _____

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes _____ No _____

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

*10 Mar. 80 over town, same
conditions.*

38. In your opinion what do you think the object was and what might have caused it?

39. Do you think you can estimate the speed of the object?

(Circle One) Yes No

IF you answered YES, then what speed would you estimate? _____ m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes No

IF you answered YES, then how far away would you say it was? _____ feet.

41. Please give us some information about yourself:

NAME

First Name

Middle Name

ADDRESS

Street

City

Zone

State

TELEPHONE NUMBER

What is your present job? _____

Age _____

Sex _____

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school _____

(Type) _____

c. College _____

f. Other special training _____

d. Post graduate _____

42. Date you completed this questionnaire:

Day

Month

Year

**U. S. AIR FORCE TECHNICAL INFORMATION SHEET
(SUMMARY DATA)**

In order that your information may be filed and coded as accurately as possible, please use the following space to write out a short description of the event that you observed. You may repeat information that you have already given in the questionnaire, and add any further comments, statements, or sketches that you believe are important. Try to present the details of the observation in the order in which they occurred. Additional pages of the same size paper may be attached if they are needed.

NAME _____ <small>(Please Print)</small>	(Do Not Write in This Space) CODE: _____
SIGNATURE _____	
DATE _____	

Called in to Lt. Project Base O.D.
called me [REDACTED] 30 March 59 and he stated
he watched the object for two or three nights
after initial sighting. He then talked to an
astronomer [REDACTED] who told him it was
[REDACTED] Mars